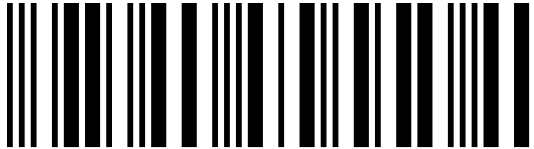


GEORGIA FORM 500

INDIVIDUAL INCOME TAX RETURN

2001

Page 1



0100404911

DEPARTMENT USE ONLY

DEL.

EXT.

MISC.

Fiscal Year Mo. Day Year

Mo. Day Year

Beginning:

Ending:

YOUR FIRST NAME

INITIAL

YOUR SOCIAL SECURITY NUMBER

CHECK BOX IF YOU
DO NOT WANT A TAX
BOOKLET NEXT YEAR

YOUR LAST NAME

SUFFIX

MUST ENTER SS #

SPOUSE'S FIRST NAME

INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

SUFFIX

☐ CHECK IF
ADDRESS CHANGE

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

COUNTRY IF FOREIGN

**USE BLACK INK
ONLY**

4. Use one number only and enter in the Residency Code box.

PART-YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 AND USE SCHEDULE 3 OF FORM 500, PAGE 4

RESIDENCY
CODE NUMBER

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM

TO

3. NONRESIDENT

5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return)

A. SINGLE

C. MARRIED FILING SEPARATE (Spouse's social security no. must be entered above)

FILING
STATUS

B. MARRIED FILING JOINT

D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)

6. Dependents:

If more than 4
dependents,
enclose a list.

FIRST NAME	LAST NAME	DEPENDENT'S SOCIAL SECURITY NUMBER	DEPENDENT'S RELATIONSHIP TO YOU

7. Total Number of Exemptions from Federal Form 1040 or 1040A (see instructions) 7.

IF AMOUNT ON LINE 8, 9, 10, 13, OR 15 IS NEGATIVE, FILL IN CIRCLE. EXAMPLE: ●

If the amount on Line 8 is \$40,000 or more, or your adjusted gross income is less than your W-2s, you are required to enclose a copy of your Federal Form 1040 Pages 1 and 2. Do not enclose other Federal Schedules.

8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ)

DO NOT USE FEDERAL TAXABLE INCOME

8.

9. Adjustments from Schedule 1. (See instructions on Page 6, Line 9) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10.

11. STANDARD Deduction (SEE INSTRUCTIONS-LINE 11) DO NOT USE FEDERAL STANDARD DEDUCTION ... 11a.

b. Self 65 or over? ☐ blind? ☐ SPOUSE 65 or over? ☐ blind? ☐ Total of boxes x 1,300=11b.

c. TOTAL STANDARD Deduction (Line 11a +Line 11b) 11c.

Use EITHER
Line 11c or Line 12
(DO NOT WRITE ON BOTH)

12. TOTAL ITEMIZED Deductions used in computing Federal taxable income

Schedule A-Form 1040

Less: See Line 12 instructions

12.

Step 1 Taxpayer Information

Step 2 Exemptions and Dependents

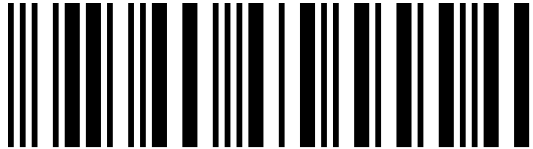
Step 3 Income

Step 4 Deductions

INDIVIDUAL INCOME TAX RETURN

2001

Page 2



0100404921

Your Social Security Number

--

Step 5 Tax Computation

- | | | | |
|-----|--|-----|---|
| 13. | Subtract either Line 11c or Line 12 from Line 10; enter balance | 13. | ▶ |
| 14. | Number from block on Line 7 _____multiplied by \$2,700 | 14. | ▶ |
| 15. | Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3) | 15. | ▶ |
| 16. | Tax (Use Tax Table on Pages 15 and 16) | 16. | ▶ |
| 17. | Credits from Schedule 2, Page 3 (Enter total but not more than the amount on Line 16) 17 | 17 | ▶ |
| 18. | Balance (Line 16 less Line 17) if zero or less than zero, enter zero | 18. | ▶ |
| 19. | GEORGIA INCOME TAX WITHHELD (Enter Withholding Only here & Enclose withholding statements) | 19. | ▶ |
| 20. | Estimated tax for 2001 and Form IT-560 | 20. | ▶ |
| 21. | Low Income Credit (See worksheet on Page 9) 21a <input type="text"/> 21b <input type="text"/> 21c | 21c | ▶ |
| 22. | Department Use Only | 22. | ▶ |
| 23. | Total prepayment credits (Add Lines 19, 20, and 21C) | 23. | ▶ |
| 24. | If Line 18 exceeds Line 23 enter BALANCE DUE STATE | 24. | ▶ |
| 25. | If Line 23 exceeds Line 18 enter OVERPAYMENT amount | 25. | ▶ |
| 26. | Amount to be credited to 2002 ESTIMATED TAX | 26. | ▶ |
| 27. | Georgia Wildlife Conservation Fund (No gift of less than \$1.00) | 27. | ▶ |
| 28. | Georgia Children and Elderly Fund (No gift of less than \$1.00) | 28. | ▶ |
| 29. | Georgia Cancer Research Fund (No gift of less than \$1.00) | 29. | ▶ |
| 30. | Form 500 UET (Estimated tax penalty) | 30. | ▶ |
| 31. | Add Lines 24, 27, 28, 29 and 30 (Balance Due) | 31. | ▶ |

MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION

DO NOT STAPLE YOUR CHECK AND W-2'S TO PAGE 1, ENCLOSE THEM IN THE RETURN ENVELOPE

32. Amount to be **Refunded**. Line 25 minus Lines 26, 27, 28, 29 and 30 if applicable 32. ►

**OVERPAYMENTS (REFUNDS) TO:
GEORGIA INCOME TAX DIVISION P.O. BOX 740380
ATLANTA, GEORGIA 30374-0380**

**PAYMENTS AND OTHER DOCUMENTS TO:
GEORGIA INCOME TAX DIVISION P.O. BOX 740399
ATLANTA, GEORGIA 30374-0399**

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE

X _____
YOUR SIGNATURE

DATE _____

DAYTIME PHONE NUMBER

Taxpayer

•

By initialing this box I/We
authorize the Georgia
Department of Revenue to
discuss this tax return with
the preparer named below.

X _____
SPOUSE'S SIGNATURE

DATE _____

Spouse

10

X _____
SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER

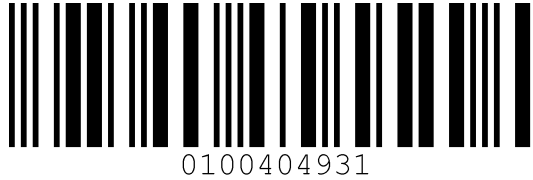
ID NUMBER OF PREPARER

PHONE NUMBER

DATE _____

ELECTRONIC FILING MAY SPEED YOUR REFUND BY 8 WEEKS

GEORGIA FORM 500
INDIVIDUAL INCOME TAX RETURN
2001
Page 3



Your Social Security Number

SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (See Page 6 of instructions)

ADDITIONS TO INCOME

1. Interest on Non-Georgia Municipal and State Bonds..... 1.
2. Lump Sum Distributions..... 2.
3. Other (Specify)..... 3.
4. Total Additions (Enter sum of Lines 1-3 here)..... 4.

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion (See Retirement Income Exclusion Worksheet, Page 14.)

- A. Self: Date of Birth Type of Disability: 5A.
- Date of Disability
- B. Spouse: Date of Birth Type of Disability: 5B.
- Date of Disability

6. Social Security Benefits (Taxable portion)..... 6.
7. Railroad Retirement Benefits (Taxable portion)..... 7.
8. Interest on United States Obligations (See Page 6 of instructions.) 8.
9. Other (Specify)..... 9.
10. Total Subtractions (Enter sum on Lines 5-9 here) 10.
11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1)(+or -) 11.

SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

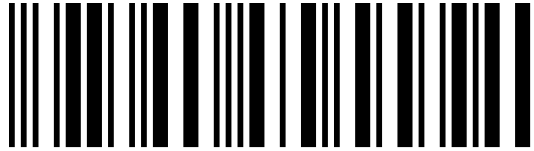
1. Other State(s) Tax Credit (See worksheet, Page 9) 1.
2. Low and Zero Emission Vehicle Credit 2.
3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit and Qualified Caregiving Expense Credit) 3.
4. Other Credits, Please Specify..... 4.
- Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or Partnership Interest
5. Employer's Credit for Basic Skills Education 5.
- Name of Business Entity
6. Employer's Credit for Approved Employee Retraining..... 6.
- Name of Business Entity
7. Employer's New Jobs Credit 7.
- Name of Business Entity
8. Employer's Credit for Providing or Sponsoring Childcare for Employees 8.
- Name of Business Entity
9. Manufacturer's Investment Tax Credit 9.
- Name of Business Entity
10. Optional Investment Tax Credit 10.
- Name of Business Entity
11. Other Credits, Please Specify Type of Credit..... 11.
- Name of Business Entity
12. Enter the Total of Lines 1 through 11 here and on Line 17, Page 2 12.

GEORGIA FORM 500

INDIVIDUAL INCOME TAX RETURN

2001

Page 4



0100404941

Your Social Security Number

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Page 7-Line 17 and Page 9.

DO NOT USE LINES 9 THROUGH 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, etc	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Interest and Dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Business Income or (Loss)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Other Income or (Loss)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total Income: Total Lines 1 through 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adjustments to Income:			
6. Total adj. from Federal Form 1040...	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Total adj. from Form 500, Schedule 1, Page 3 (See instructions Line 9, Page 6)	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage		<input type="text"/>	% Not to exceed 100%
10. Itemized or Standard Deduction (See instructions for Line 10, Page 8)		<input type="text"/>	
11. Personal Exemption from Form 500, Page 1, Line 7, multiplied by \$2,700		<input type="text"/>	
12. Total Deductions and Exemptions: Add Lines 10 and 11		<input type="text"/>	
13. Multiply Line 12 by Ratio on Line 9 and enter result			<input type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500			<input type="text"/>